

# Client Satisfaction Survey

The following survey will help us provide better service. You will not be identified in any way and all your information is kept confidential. We thank you for taking time to complete this survey for us.



**Catholic  
Social  
Service**

*of the Diocese of Dodge City  
Catholic Charities for Southwest Kansas*

Date \_\_\_\_\_

1. What is your age? \_\_\_\_\_

2. What is your gender?

☐ Male

☐ Female

3. Which of the following racial or ethnic groups best describes you?

☐ Caucasian, or white

☐ African-American, or black

☐ Hispanic or Latino

☐ Asian

☐ Other: \_\_\_\_\_.

4. What city do you live in?

\_\_\_\_\_

5. How long have you lived in that city?

\_\_\_\_\_

6. What is your religious preference?

\_\_\_\_\_

7. What is your highest level of education?

☐ Some high school (or less)

☐ High school diploma / GED

☐ College degree

☐ Graduate degree (Master's, PhD, MD, etc.)

8. What is your employment status?

☐ Employed full-time

☐ Employed part-time

☐ Not currently employed, but seeking employment

☐ Not currently employed and currently not seeking employment

☐ Retired

☐ Other: \_\_\_\_\_

9. What is the primary & secondary language spoken in your home?

1. \_\_\_\_\_

2. \_\_\_\_\_

10. What is your relationship status?

☐ Single

☐ Married

☐ Living with partner

☐ Divorced

☐ Separated

☐ Widowed

☐ None the above

11. What is your current level of annual household income before taxes?

☐ Less than \$12,000

☐ \$12,000 to \$24,999

☐ \$25,000 to \$49,999

☐ \$50,000 to \$74,999

☐ \$75,000 to \$99,999

☐ \$100,000 or more

13. Location of office for service?

☐ Dodge City

☐ Garden City

☐ Great Bend

14. Service you came in for:

\_\_\_\_\_ (Circle one number)

Not at all

Somewhat

Very

How satisfied were you with the services received?

1 2 3 4 5 6 7

How satisfied were you with the courtesy of the staff?

1 2 3 4 5 6 7

How satisfied were you with the knowledge of the staff?

1 2 3 4 5 6 7

How satisfied were you with the level of support?

1 2 3 4 5 6 7

What is your likelihood of returning for services?

1 2 3 4 5 6 7

What is your likelihood of recommending our services to others?

1 2 3 4 5 6 7

Were the services given in a timely manner?

1 2 3 4 5 6 7

How satisfied were you with the physical appearance of office?

1 2 3 4 5 6 7

Other Comments:

**Which of the following services are you aware of:**

- ☐ **Pregnancy Counseling**
- ☐ **Adoption**
- ☐ **Search & Reunion**
- ☐ **Teen Moms**
- ☐ **Alcohol & Drug Addiction Counseling**
- ☐ **Marriage & Relationship Classes**
- ☐ **Economic Assistance**
- ☐ **Disaster Response**
- ☐ **Other** \_\_\_\_\_

**Which of these programs would you like to know more about?**

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about us:**

**Website      Social Media      Word of Mouth      eNewsletter**  
**Google search      Presentation      Newspaper      Radio      Other:** \_\_\_\_\_

**How often do you receive updates from Catholic Social Service?**

**Daily/Weekly on social media      Once a month**  
**Four times a year      Once a year      Never**

**How often would you like to receive updates from Catholic Social Service?**

**Daily/Weekly on social media      Once a month**  
**Four times a year      Once a year      Never**

**How do you prefer to hear from Catholic Social Service?**

**Postal Mail      e-mail or eNewsletters      Social Media: Facebook      Twitter**  
**Other:** \_\_\_\_\_